
LOS ANGELES COUNTY

COMMISSION ON HIV HEALTH SERVICES

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Committee members.

Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote.

COMMISSION MEETING MINUTES April 8, 2004

Approved
5/13/04

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT	OAPP STAFF PRESENT
Al Ballesteros, <i>Co-Chair</i>	Ruth Davis	Cinderella Barrios-Cernik	John Ellis
Nettie DeAugustine, <i>Co-Chair</i>	Whitney Engeran	Robert Blue	Patricia Gibson
Ruben Acosta	Nancy Eugenio	Mark Briggs	Michael Green
Jayne Adams	William Fuentes	Armand Cohen	Raymond Johnson
Adrian Aguilar	David Giugni	Alex Cuatro	Leticia Martinez
Carla Bailey	Alexander Gonzales	Phil Curtis	Vicky Nagata
Carrie Broadus	John Palomo	E. Dumert	Martha Ruiz
Robert Butler/ Louise Trone	Mark Parra	Alex Garcia	Rene Seidel
	Alexis Rivera	Shawn Garcia	Diana Vasquez
Charles Carter	Fontaine Shockley	Mena Gorke	Juhua Wu
Richard Eastman	Kathy Watt	Sophesias Johnson	
Gunther Freehill		Maxine Liggins	HIV/EPI STAFF PRESENT
John Griggs		Frederico Lopez	Gordon Bunch
Michael Gray		Luis Lopez	Douglas Frye
Marc Hauptert		Bennett Mills	
Charles Henry		Ruel Nollado	CHHS STAFF PRESENT
Rebecca Johnson-Heath/ Starla White		M. O'Connor	James Stewart
		Ric Parish	Jane Nachazel
Wilbert Jordan		Marissa Parsons	Craig Vincent-Jones
Marcy Kaplan		Patricia Ramirez	Nicole Werner
Brad Land/Dean Page		Keisha Reynolds	
Michael Lewis		John Rowe	
Anna Long		Sabe Samone	
Andrew Ma		Natalie Sanchez	
Elizabeth Marte		Kimberly Scott	
Dani Mejia/John Caranto		Walt Senterfitt	
Edric Mendia		Lei Thomas	
Vicky Ortega		Takashi Wade	
Chris Perry		Doris Wahl	
Dana Pierce-Hedge		Patricia Woody	
Wendy Schwartz		Rocio Yong	
Paul Scott/Richard Hamilton		E. Dumert	
Vanessa Talamantes			
Kevin Van Vreede			
Fariba Younai			

- I. **CALL TO ORDER:** Mr. Ballesteros called the meeting to order at 9:50 a.m. Self-introductions were made.
- II. **APPROVAL OF AGENDA:** The agenda was approved with the Standards of Care (SOC) Committee report moved up to accommodate a prior appointment by Dr. Jordan, SOC Co-Chair. **MOTION #1 Passed by Consensus.**

III. **APPROVAL OF MEETING MINUTES:** Mr. Freehill noted factual errors from surrounding the Title I Award presentation. **MOTION #2 Passed by Consensus.**

IV. **PARLIAMENTARY TRAINING:** Mr. Stewart reminded the body that corrections can be made to the minutes at any time. He added that a new law had been that might require a person with a conflict-of-interest at a Brown Act-covered meeting to not only recuse him/herself, but to also leave the room during discussion and vote on the item. He said he believed that the rule does not apply to the Commission, but added that County Counsel is reviewing it. Until that opinion is rendered, he recommended, the Commission should continue its current procedure.

V. **PUBLIC COMMENT:** There was no Public Comment.

XII. **STANDING COMMITTEE REPORTS**

A. **Standards of Care (SOC) Committee**

1. ***Mercer Group Rate Study Report:*** Dr. Jordan reported the Committee had further reviewed the Mercer Rate Study and agreed that it represented an architecture that could be applied to substance abuse and residential unit rate structures. He noted that, after discussion with OAPP, the Committee recognized that the architecture can be modified as are revised and outcome measures are developed. A typo was noted in line 3 of the motion where "SOC" was dropped from "modified as the SOC develops".

MOTION #4 Passes: Ayes: 21; Opposed: 0; Abstentions: 3.

VI. **CO-CHAIR'S REPORT:** Mr. Ballesteros acknowledged the attendance of Ms. Reynolds from Supervisor Antonovich's office and expressed appreciation for the support and interaction.

Commission Transition Update: Ms. DeAugustine noted that she was pleased to introduce Mr. Vincent-Jones as the Commission Executive Director.

- Mr. Vincent-Jones expressed his honor and humility at being entrusted to help guide the Commission in its growth progress. He pledged to serve the needs and interests of the Commission and people with HIV and AIDS to the best of his ability, and acknowledged the other final candidates. He also applauded the important partnership role that OAPP fills, noting that the Title I Project Officer, Jo Messoré, suggested that the most effective EMAs have strong relationships between the two bodies. He concluded by saying that the Commission's key challenge would be continuing to learn how to use its authority effectively and strategically in the future.
- The Commission office and staff would move into new space in the following month. The new office is located at the corner of Wilshire and Normandie with a Red Line station at the site. The address is 3530 Wilshire Boulevard, Los Angeles, CA 90010.
- New staff, while fewer than originally envisioned, will be coming on-board in the following months. Ms. Nachazel has already been transferred to the Commission staff.
- The Commission Secretary position is open for applicants.
- Some plans will need to be curtailed due to the Title I Award cut. Even so, he felt the Commission would be pleased with the amount of work that would be accomplished in the upcoming year.

Year 14 Title I Reductions: Ms. DeAugustine opened discussion on the plan developed and reviewed in special Executive Committee, with OAPP's assistance, on addressing the \$3.3 million Title I cut. She noted that the new contract year began March 1. She added that additional or returned funds from other sources were also reviewed.

- Mr. Land noted that the State of California has a fee review schedule implemented and enforced by the State Finance Department that is compliant with Medicaid and Medi-Cal services in California. He suggested Finance and SOC review for implementation July 1st.
- Ms. DeAugustine noted the Mercer Rate Study was already being implemented and shifting to Medi-Cal; schedules would disrupt that process. Mr. Henry concurred, noting that even if the Commission were to adopt a Medi-Cal reimbursement structure, it could not be implemented by July 1st due to both process and provider training needs. He also felt it would not address the needs of HIV/AIDS care as effectively.
- Mr. Haupt asked about sections 2A and 2C of the motion. He asked how funds would be reduced as stated in 2A. Mr. Henry said OAPP has been replacing the State-funded viral load vouchers with OAPP vouchers, so OAPP would be able to re-direct those funds if the State restores the diagnostic assay program. Referring to 2C, he asked how the SAMSA and ADPA funds have been used to date. Mr. Henry said SAMSA sends a block grant to State ADPA programs, with 5% designated for PWHIV/AIDS care. Traditionally, the 5% has been turned over for HIV/AIDS treatment, but, in the last three years, a component has been withheld, most recently \$200,000. ADPA has proposed withholding an additional \$500,000 in the upcoming year.

- Ms. Broadus asked if an analytical approach, incorporating information on past usage, was used to come to the 3% cut of all service categories, and further asked how it reflected 100% access and zero disparities. She noted that SAMSA was under Reauthorization and was concerned about how their funds were used. Ms. DeAugustine replied that past usage and geographic parity were reviewed. She added that previous Commission adjustments have addressed underspending. She said the proposed cut was a first approach addressing about half of the cuts needed—if ultimately all cuts were necessitated—considered yielding the least harm, with further actions to be predicated on the success of intervening revenue enhancement strategies and additional data review.
- Ms. Broadus noted that it is important to look at special populations as well as geographic need, and to ensure that funds were being used as “last resort”. Mr. Ballesteros said he had raised the issue of ensuring Medi-Cal reimbursements were being used to fund only HIV care, especially in settings with multiple patient populations. Mr. Henry said agencies must identify other revenue for the same services in their year-end cost reports, so their revenues from, for example, Medi-Cal and OAPP, cannot exceed their cost. While improvements can always be made, he felt few such additional funds could be identified. He added it is complicated when a cost reimbursement grant-funded program runs alongside a fee-for-service program like Medi-Cal. The new rate study architecture would make it easier to ensure funds are used appropriately, and he noted non-direct services (planning council, administrative agency, quality management and program support) were all cut by 8% in order to moderate service cuts.
- Ms. Kaplan asked about clients who might be eligible for, but not enrolled in, Medi-Cal. Mr. Henry said medical contracts require Medi-Cal screening and the expectation is being expanded to all contracts. Provider training is needed to help providers familiarize themselves with Medi-Cal.
- Mr. Freehill pointed out this was the first time funding had been cut and that required a different, more continuous review of allocations. He added the Medicare/Medi-Cal model presents some issues for HIV care, since that care is more expensive and many physicians do not take or limit their Medicare/Medi-Cal patient population due to low reimbursement rates. On the other end of the spectrum, Medi-Cal is moving toward an HMO model that is more expensive than what OAPP currently reimburses.
- Mr. Freehill said underspending for vouchers may reflect a need for better program guidance rather than lack of need. He added that ADAP is a complex program with multiple funding streams and the legislature might not allow shifting funds to vouchers. Ms. Pierce-Hedge clarified that ADAP funds cannot be moved out of ADAP.

MOTION #3 Passes: Ayes: 28; **Opposed:** 0; **Abstentions:** 1.

VIII. **HIV EPIDEMIOLOGY REPORT:** Dr. Frye presented “HIV and AIDS among Behavioral Risk Groups in Los Angeles County”, previously presented in modified form to the Prevention Planning Committee (PPC). It includes the PPC’s new Behavioral Risk Group (BRG), transgendered persons.

- Data is based on HIV Epidemiology’s HARS (HIV/AIDS Reporting System). BRGs are mutually exclusive groups of people at risk for acquiring HIV. Over 50% of cases overall remain MSM.
- New HIV infections at State-funded testing sites are defined as those people who had previously tested negative and now test HIV+. Transgendered men, at 5.6% per year, is the highest new infection rate, with MSM/IDU the next highest at 4% per year, MSM at 3% per year, MSM/W at 2.4% per year, after which rates drop considerably. Mr. Henry reiterated that the data used for this assessment was from public testing sites where interviews were more likely to be complete.
- Blacks and Latinos are significantly higher among MSM and MSM/W. Blacks are also higher among female injection drug users and women at sexual risk.
- Over 50% of those who tested HIV+ in 2001 are from SPA 4. About 50% of those testing do not fall in a BRG, e.g., heterosexual males, or do not identify a BRG—but only 21% of this group tests HIV+. On the other hand, 21% of tests are among MSM, but that group accounts for 57% of those testing HIV+. Likewise, only 5% of bisexuals test, but that group accounts for 10% of those testing HIV+. Of women at sexual risk, 18% test, but only 6% test HIV+.
- Ms. Broadus asked how those with no identified risk were being addressed. Dr. Frye responded that HARS has a method for redistributing people according to information on subsequent risk identification inventories. However, he added, there is a nationwide problem of fewer people identifying risk factors. Communities of color are more likely to report no identified risk than Whites.
- American Indians/Alaskan Natives (AI/AN) are a special carve-out population being studied. After Blacks at 4.5 per 1,000, this group has the highest PWA rate at 3.4 per 1,000. AI/AN are not concentrated in a particular SPA, which makes targeted service delivery more difficult.
- Mr. Perry said people are often not asked about IDU if they have identified as MSM, so numbers of MSM/IDU are often under-reported. Dr. Frye agreed, adding that there was the same problem with MSM/W.
- Ms. Broadus said some counseling/testing people believe, albeit erroneously, they get paid a higher rate for MSM.

- Mr. Perry asked about data on co-infection with Hepatitis C. Dr. Frye replied they are compiling data on co-infection with TB and STDs. They would like to address Hepatitis C, but the data is poor and there are no current grants to fund it. While it is recorded in LAC, the test is poor because a positive (similar to an Elisa) is reported without confirmation. It is probably accurate in high-risk people, but means little for those who are low-risk.

IX. OAPP REPORT

- Mr. Henry indicated that the Capacity Building RFP for organizational development is under review. A number of agencies who had identified the need for capacity building did not submit proposals, so a portion of the RFP may be re-bid.
- The Client Advocacy RFP has closed. He noted he has asked staff to ensure there is a Commissioner on the review panel who meets non-conflicted requirements. It was indicated that Ms. Bailey would fill that role.
- The Substance Abuse Residential RFP is being developed in accordance with the Mercer study. It would probably be released in May or June.
- The Prevention RFP would be released at the end of April or beginning of May based on the work of the PPC and consistent with the new 5-year grant cycle.
- Mercer is now under contract to make recommendations on development of a rate system for medical outpatient services. SOC will be involved from the beginning of the process and medical providers will meet April 12th to offer input. The study should be completed mid-summer with release of the RFP in the Fall.
- Mr. Henry congratulated Mr. Vincent-Jones on his appointment. He noted that Dr. Green would be covering the HRSA Grants Management function until Mr. Vincent-Jones' previous position is filled. Ms. Wu would remain in the HRSA Grants Unit.
- All but three medical outpatient providers, along with counseling and testing providers attended a Saturday training on data base development, quality management approaches, and unit costs, co-sponsored by OAPP and the Commission's Standards of Care (SOC) Committee. Attendance improved from the last training offered by Carol Maytun and Kathleen Clannon, with OAPP both mandating it and CMEs made available for the outcomes development section.
- IS Director Richard Greenberg has been reassigned to Public Health IS. The Public Health CIO is jointly managing OAPP's IS, and possibilities are being reviewed for more efficient structuring, including possibly contracting out of some functions for potential administrative savings.
- Mr. Henry and Mr. Freehill visited Washington DC. They hand-delivered a letter signed by both Drs. Garthwaite and Fielding to Dr. Elizabeth Duke, HRSA Administrator, expressing the Department of Health Services' concern about the reduction in the Title I allocation and the lack of transparency in how awards are determined. They also visited Senator Feinstein who was gathering information for a letter to Secretary Tommy Thomson on her concern about the cuts, especially to San Francisco and Los Angeles. That letter has also been sent. Mr. Eastman asked if Senator Boxer was also approached. Mr. Henry said all legislative offices had been notified.
- The Board of Supervisors has its annual visit to Washington in May—which will be another opportunity to reinforce the need. Senator Feinstein also asked if the Board would be putting out a letter, and felt that would be helpful.
- Ms. DeAugustine added that she, Mr. Engeran and Mr. Vincent-Jones were at the Health Deputy meeting where they related Senator Feinstein's concern and advised them that such a letter was being developed. She added it would be helpful to coordinate such efforts in future.
- Mr. Land suggested a presentation on the community development and faith-based initiatives. Mr. Henry noted those are prevention initiatives vetted through the PPC. While education is good, meeting time constraints should be considered and Commissioners might also attend the PPC meetings for presentations on those subjects.
- Mr. Perry asked about the CDC direct funding initiative. Mr. Henry replied CDC was conducting rolling pre-decisional; site visits. There is \$49 million available in grants nationally for HIV prevention. Over 30 applications have been submitted from Los Angeles, with four or five had been selected for site visits. to date. About 130 proposals would be funded nationally.

X. STATE OFFICE OF AIDS (OA) REPORT

- Ms. Pierce-Hedge reported ADAP was looking good for now, and that caps had been rejected to date. Rebate money has been maintained separately, with all OA requests going through the Department of Finance. OA is hoping for enactment of the legislation language for a special, ongoing deposit fund which could be accessed more readily.
- It still appears the insurance program of \$1.5 million will have a shortfall. OA is seeking ways to fill the gap. Types of insurance are also being reviewed to ensure that they are accomplishing the intended goals.

- The California HIV Planning Meeting will meet at the end of April and will address ADAP issues.
- The Title II allocation formula was re-visited this year and allocation discussions have begun.
- A Title I meeting of all EMAs had been convened in Sacramento the prior week to address the budget. Issues that were prioritized for the next meeting were Reauthorization and Unmet Need.
- Mr. Land asked if there was any further action on evaluating whether California's unique identifier system will be effective. Ms. Pierce-Hedge agreed the CDC prefers names reporting, but the OA was working with them to reconcile the different approaches. Mr. Land asked if the State was assisting in addressing the backlog of cases. Ms. Pierce-Hedge reported progress and anticipated trends are beginning to develop. Ms. DeAugustine said the subject might well play out in the context of the Reauthorization. Mr. Henry noted that 15 states use unique identifiers, but each program is different. The CDC would currently need to accept data in each of the different formats. One group is looking at developing a common unique identifier system. He noted that he has also been assured that the California system can readily be converted into a names-based system if necessary.
- Mr. Engeran asked if there were any discussions about importing medications. Ms. Pierce-Hedge replied there were two Bills on the topic in the Legislature currently. Mr. Eastman asked if Fuzeon was available through ADAP. He currently is receiving it as part of a trial, but was concerned about others. Ms. Pierce-Hedge said it was on the formulary, but the health criteria were strict.

XII. STANDING COMMITTEE REPORTS *continued*

B. Recruitment, Diversity and Bylaws (RD&B) Committee

1. **Membership Nomination:** Mr. Butler noted that, due to the size and composition of the Commission, a new, stricter HRSA regulation requiring reporting of all membership changes within 30 days effectively is most expeditiously met by the Commission routinely reporting monthly. Regular reporting also mitigates ensuring that seats, especially those of unaffiliated consumers, are promptly filled. The nomination of Mr. Braswell is in accord with that goal. **MOTION #5 Passed by Consensus.**
2. **Commission Logo:** Mr. Butler thanked the Public Awareness work group, including John Caranto and John Palomo, for the diligent work to review and fine-tune the logo. It is designed for both display and printed material use. **MOTION #6 Passed by Consensus.**
3. **Ordinance Change Recommendations:** Mr. Butler and Mr. Engeran reviewed the Ordinance change recommendations developed by the Commission work group in association with the Chief Administrative Office, the Auditor-Controller, County Counsel and the Department of Health Services. Mr. Butler noted that the Commission had voted to move the recommendations forward to the Board as part of the Sunset Review process, but had also requested that a final presentation be made.
 - Mr. Engeran emphasized that, through hard negotiations, the delegation had come up with a 42-seat proposal and were able to maintain that, though three seats were proposed to be non-voting.
 - Mr. Perry felt there was not enough community input. Ms. Broadus said it had been put out for 30 days of comment, including presentations in the community by several Commissioners. Written comments were solicited and, though few, they were addressed. The recommendations were then approved by the Commission.
 - Ms. Talamantes felt this set of recommendations differed from the one she had voted on which, she recalled, listed the PPC as a voting seat. She thought there was to be another ad-hoc meeting to which all would be invited, but it had not happened. Mr. Butler replied that originally the PPC was a voting seat, but the Commission had voted to delegate to the ad-hoc committee the ability to negotiate with the other departments so long as substantive changes were not made, and added that all of the original attendees had been invited to the meetings with the other Departments.
 - Mr. Engeran reported that DHS had wanted significantly fewer seats, as few as 20, and had initially wanted no PPC seat at all. Negotiations saved the seat, though as non-voting. Mr. Land added that the original motion included a goal to reduce conflict of interest, and they felt that the PPC seat on the Commission and vice versa represented conflict.
 - Ms. Broadus asked if the PPC was invited to participate in the meetings and, if so, if they participated. Mr. Engeran said the PPC member on the ad-hoc committee was Ms. Talamantes. She had been notified of the meeting with the other departments, but had not attended.
 - Mr. Vincent-Jones said the ad-hoc group met several times in the Fall and developed recommendations. Because of the Board motion, they had to meet with the other departments. The Commission approved the initial recommendation and later approved giving the ad-hoc group the authority to make non-substantive changes in the course of negotiations. Last month a recommendation was made that the PPC seat would

have to be filled by an unaffiliated consumer. The Title I Project Officer later informed them that the AETC, which had previously been proposed as non-voting, must be voting, but that non-voting seats did contribute to the ratio determining the unaffiliated consumer membership—thus eliminating the need for another unaffiliated consumer seat. The prior month, he reminded the body, the Commission decided against having another ad-hoc meeting, but asked for a final presentation on all of the Ordinance change recommendations. The Commission had previously been clear that it did not intend to re-vote the matter.

4. **Proposed Policy: Alternate Selection:** Mr. Butler forwarded for review a proposed criteria for Alternate Selection. The criteria delineated that any member who has disclosed HIV+ status may have an Alternate. The selection criteria and approval process for the Alternate is the same as for other Commissioners. The Alternate will fulfill the same membership criteria as the Commissioner for whom the Alternate is chosen.

XI. **PREVENTION PLANNING COMMITTEE (PPC) REPORT:** Ms. Talamantes referenced the PPC allocation recommendations provided. A full presentation was being prepared.

- Key criteria for distribution are: BRG; SPA, based on geographic need; SPA, based on PWHIV. Percentages were also designated for Prevention For Positives (PFP) and youth.
- Transgendered and transgendered/IDU have been added as BRGs. Women at Sexual Risk (WSR) was expanded to include their partners.
- The PPC is responsible for both prevention and accompanying interventions. Evidence-based interventions in the CHIPTS model are emphasized.
- The PPC voted 1.5% support for the Coordinated Prevention Networks (CPNs).
- Ms. Broadus asked if the school project support was for school-based or continuation school prevention. Ms. Talamantes replied that it was for both.
- Mr. Land recommended that social marketing campaigns not use individuals' faces within their local areas in order to mitigate possible abuse. He noted some recent materials had been defaced.
- Ms. Broadus asked if the CDC award had been received as yet. Mr. Henry said that it had and was essentially flat-funded, though demonstration funds had ended.
- In public comment, Dr. Senterfitt complemented the work. He felt the PFP allocation was low, by his estimate, about 18% versus about 25% nationwide. He also felt Latinos warranted a higher allocation. Mr. Henry noted that PFP was being incorporated throughout the care system, not just dedicated funds. Systemically, he added, Latino service capability was still growing and could not yet absorb the degree of services supported in some other areas. Dr. Senterfitt further asked about the Patient's Bill of Rights progress. Mr. Henry replied it was being reviewed by County Counsel, and that Year 15 contracts would reflect it.

XII. **STANDING COMMITTEE REPORTS *continued***

C. **Joint Public Policy (JPP) Committee**

1. **Request for Information from HRSA:** Mr. Engeran called attention to the letter to HRSA from the Commission Co-Chairs, and Senator Feinstein's press release.
2. **State Budget Cuts Municipal Strategy:** Mr. Engeran also called attention to the template that had been developed to assist concerned individuals with municipal advocacy. He added that it was important for people to attend JPP meetings to assist with the great amount of work at this time.

D. **Finance Committee:**

1. **Financial Reports:** Mr. Ma reported the Committee was reviewing revenue enhancement options. In particular, transportation, substance abuse and mental health were being reviewed as areas where other funding might be available. Finance also plans to work with JPP to better coordinate HOPWA and the City of Los Angeles in order to eliminate service duplication. Medi-Cal recertification is also being reviewed. A plan will be provided to P&P on May 18th to address the shortfall should additional funds not be forthcoming.

E. **Priorities and Planning Committee:**

1. **Commissioner Pledges:** Mr. Land thanked the Commissioners for almost 80% compliance signed pledges of commitment to the priority- and allocation-setting process. A sample letter that was sent to providers inviting them to training on the new HIV/AIDS Care Assessment Project (H-CAP) was included in the packet.

XIII. COMMISSIONER COMMENT:

- Mr. Land reported that he had testified before the FDA on NuFill for the treatment of lipoatrophy. It was the first time something was approved specifically for a special population, and it was approved unanimously.

XIV. ANNOUNCEMENTS:

- Mr. Eastman announced the three Medical Marijauna Task Force meetings had more than 200 participants overall. It is hoped the resolution will be ready for presentation to the Board in August, which would be one year since starting the Task Force to implement Proposition 215 in Los Angeles.
- Mr. Eastman also reminded the group that AIDS Watch is May 16th – 19th in Washington. He encouraged everyone who can to attend.
- Mr. Vincent-Jones acknowledged Juhua Wu and Martha Ruiz for their support of the Commission's work. They will both be remaining with OAPP and will be missed.
- Mr. Perry announced that the next SCHAC meeting would be at a new location, 520 S. Virgil Avenue, and would be the following Wednesday at 10:30 a.m.

- XV. ADJOURNMENT:** Ms. Broadus requested the meeting be adjourned in memory of Keith Cylar—long-time HIV advocate and active in harm reduction. He was the Co-Executive Director and Founder of Housing Works in New York, and organization that offers social services, mental health care and referrals to 2,000 clients a year, and has found shelter for over 15,000 people. Mr. Cylar and Housing Works had recently been involved in RAND Corporation research on the cost-effectiveness of HIV services. He was also an investigator with the Beth Israel Medical Center on how to provide minority patients better access to AIDS clinical trials. He passed away on April 5, 2004.

COMMISSION ON HIV HEALTH SERVICES

Minutes from April 8, 2004 Meeting

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda.	<i>Passed by Consensus</i>	Motion Passes
MOTION #2: Approve minutes of the March 11, 2004 meeting with correction.	<i>Passed by Consensus</i>	Motion Passes
MOTION #3: 1) A combination of funding cuts and/or revenue enhancements must be coordinated in order to balance the \$3.3 million shortfall resulting for the Year 14 Title I awards: 1a) Starting immediately, all Title I service categories, in accordance with the Geographic Estimate of Need, will be reduced by 3% for the entirety of Year 14. 1b) In agreement with OAPP, program support, quality management, planning council support and administrative agency budgets will be reduced by 8%. 1c) The combined reductions should amount to approximately \$1.6 million in Year 14 Title I savings. 2) The following revenue-enhancing options should be explored and actively supported as means of reinstating additional funds to the Year 14 Title I budget, and avoiding further Title I budgetary cutbacks: 2a) Since there is significant movement in the State Legislature to restore the full \$8 million dollar funding for the Therapeutic Monitoring Program (TMP) in the next fiscal year; if enacted LA County could recoup \$1 - \$1.5 million in the second half of the year, which would not have to, in turn, be covered by medial outpatient service funding. 2b) The State Office of AIDS has responded affirmatively to the Statewide planning group's recommendation for a new funding formula; if enacted, the formula would generate additional prevention dollars for OAPP, which would displace NCC funds that could be directed towards care service needs. 2c) The Los Angeles County Alcohol and Drug Program Administration (ADPA) has notified OAPP that it will no longer allocate \$500,000 in SAMHSA block grant funds for OAPP substance abuse contracting, on top of an additional \$200,000 that OAPP had previously allocated for ADPA programs; further efforts to recoup these funds from ADPA is needed. 2d) If any or all of these revenue enhancement strategies are not successful, the Commission may consider a one-time NCC request to the Board of Supervisors. 3) P&P and Finance Committees will develop contingency strategies for further cuts equaling the remaining balance of the \$3.3 million in Title I reductions (approximately \$1.7 million) potentially anticipated for implementation at the mid-year mark, if revenue enhancement strategies are not successful.		
Roll Call Vote: <i>Aye:</i> Acosta, Adams, Aguilar, Bailey, Ballesteros, Broadus, Butler, Carter, DeAugustine, Eastman, Engeran, Gray, Griggs, Hauptert, Johnson-Heath, Kaplan, Land, Lewis, Long, Ma, Marte, Mejia, Mendia, Perry, Scott, Talamantes, Van Vreede, Younai; <i>Opposed:</i> None; <i>Abstentions:</i> Pierce-Hedge.		Motion Passes <i>Ayes:</i> 28; <i>Opposed:</i> 0; <i>Abstentions:</i> 1
MOTION #4: Adopt the revised Standards of Care, 1) Commission approval of the rate study, recognizing that it asserts an architecture that can be applied to the substance abuse and residential unit cost reimbursement rate structures, and may be modified as the develops and revises standards of care and outcome measures, and 2) OAPP will revise the rate study report service categorizations in accordance with currently approved service categories and sub-categories.	Roll Call Vote: <i>Aye:</i> Acosta, Aguilar, Bailey, Ballesteros, Butler, Carter, DeAugustine, Eastman, Gray, Griggs, Hauptert, Jordan, Kaplan, Long, Ma, Mejia, Mendia, Pierce-Hedge, Schwartz, Scott, Van Vreede; <i>Opposed:</i> None; <i>Abstentions:</i> Engeran, Land, Marte.	Motion Passes <i>Ayes:</i> 21; <i>Opposed:</i> 0; <i>Abstentions:</i> 3
MOTION #5: Nominate Anthony Braswell for the Supervisorial District #3 HIV+ seat to the Los Angeles County Board of Supervisors.	<i>Passed by Consensus</i>	Motion Passes
MOTION #6: Adopt the proposed Commission logo, as presented.	<i>Passed by Consensus</i>	Motion Passes